

L11000060739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

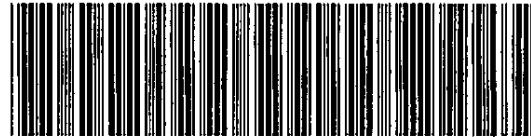
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CLERK OF STATE
TALLAHASSEE FLORIDA

APR 10 2018
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

Air Pro Mechanical of N. Florida, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sean Hickman

Name of Person

Air Pro Mechanical of N. Fla LLC

Firm/Company

1008 County Road 217

Address

Maxville, Florida 32234

City/State and Zip Code

Sean@airprojax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Hickman

904

289-9994

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kolton Hickman 10%	1008 County Road 217 Maxville, F	☒ Add
			☐ Remove
			☐ Change
			☐ Add
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SEAL
MADE IN FLORIDA

FILED

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA